

Office of Senator Blanche Lincoln Internship Application Form



PLEASE TYPE OR PRINT LEGIBLY

PERSONAL INFORMATION

Full Name: _____

Social Security #: _____ - _____ - _____

Place of Birth: _____

Date of Birth: ____/____/____

Gender: _____

Current (School) Address :

Permanent Address:

Email: _____

Current Phone: _____

Home Phone: _____

Name of parents or legal guardians: _____

Are you a U.S. citizen? yes ____ no ____

Are you a registered voter? yes ____ no ____ If yes, in what state _____

ACADEMIC INFORMATION

College/University: _____

School's Address: _____

Circle One: Undergraduate Graduate Law Not presently a student

Current Year: Sophomore Junior Senior Other _____

Expected Year of Graduation: _____

Current GPA: _____

Major: _____ Minor: _____

List of College Activities (if not included on resume):

High School Graduated and Year: _____

AVAILABILITY

Dates available for internship: _____
(for example: January 11 – April 30)

of Hours Available per week: _____

As best you can, please list on what days and at what times you are available:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Is this internship for academic credit? yes_____ no_____

What federal issues interest you most?

1. _____
2. _____
3. _____

ESSAY

On a separate sheet of paper, answer the following question in 100 words or less:

Why are you applying to participate in Senator Lincoln's internship program?

SECURITY QUESTIONS

Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? yes ____ no ____

Have you ever been charged with or convicted of any criminal offense, DUI/DWI or misdemeanor offense? yes ____ no ____

*Have you ever used, possessed, supplied or manufactured any illegal drugs?
yes ____ no ____*

If you answered "Yes" to any questions mentioned above, please explain and include the dates of the actions on a separate page.

CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from the program.

Signature

Date

CHECKLIST

Your application packet must include all of the following in order to be considered:

- Completed application form _____
- Current Resume _____
- Essay _____
- 3 letters of recommendation _____

Please fax to:

(202) 228-1371, Attention: Katie Church